BIRCH, STEWART, KOLASCH & BIRCH, LLP P.O. Box 747 Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 Facsimile: (703) 205-8050

PLEASE NOTE: YOU MUST COMPLETE THE **FOLLOWING**

COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

nsert Title:	CRADLE APPARATI	JS WITH BUILT	-IN SCANNING MO	ULF:						
ill in Appropriate	the specification of which is attached hereto. If not attached hereto,									
nformation -	VI 1 1 Chatan Application Number									
or Use Without pecification	and amended on (ir applicati									
Attached:	the enecification was filed on					as i Ci				
	International Application Number					; and was				
	amended on						,			
	I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, .56. I do not know and do not believe the same was ever known or used in the United States of America before my or our invention thereof, or patented or described in any printed publication in any country before my or our invention thereof or more than one year prior to this application, that the same was not in public use or on sale in the United States of America more than one year prior to this application, that the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filed by me or my legal representative or assigns more than twelve months (six months for designs) prior to this application, and that no application for patent or inventor's certificate on this invention has been filed in any country foreign to the United States of America prior to this application by me or my legal representatives or assigns, except as follows. I hereby claim foreign priority benefits under Title 35, United States Code, 19(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for inventor's certificate having									
	or inventor's certificate a filing date before tha	listed below and t of the application	have also identified be n on which priority is c	low any foreign applica laimed:	tion for patent or in					
	Prior Foreign Appli	cation(s)				Priority C	.iaimed			
Insert Priority	92212136	TAIWAN,	R.O.C.	JULY 1, 2003		扚				
Information: (if appropriate)	(Number)	(Country)		(Month/Day/Year	Filed)	Yes	No			
(a appropriate)	,									
	(Number)	(Country)		(Month/Day/Year	Filed)	Yes	No			
	(rumber)	(,		•						
	(Number)	(Country)		(Month/Day/Year	Filed)	Yes	No			
	(Muniber)	(Country)		, , ,,	·					
	(N)	(Country)		(Month/Day/Year	Filed)	Yes	No			
	(Number)			, , , , ,	•	· /- \ 1	ated below			
	I hereby claim the benefit under Title 35, United States Code, 19(e) of any United States provisional applications(s) listed below.									
Insert Provisional										
Application(s): (if any)	(Application Number) (Filing Date)									
	(Application Number									
	All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior the Filing Date of This Application:									
	Country		Application Number		Date of Filing (Month/Day/Year)					
Insert Requested Information: (if appropriate)										
	I hereby claim the benefit under Title 35, United States Code, 20 of any United States and/or PCT application(s) listed below and insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States and/or PC application in the manner provided by the first paragraph of Title 35, United States Code, 12, I acknowledge the duty to disclosinformation which is material to the patentability as defined in Title 37, Code of Federal Regulations, 56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.									
Insert Prior U.S.					(Status - patented, pending, abandoned)					
Application(s): (if any)	(Application Number)		(Filing Date)							
Page 1 of 2 (Rev. 12/19/01)	(Application Numbe	r)	(Filing Date)	(Sta	tus - patented, pend	ing, abando	ned)			

I hereby appoint the practitioners at **CUSTOMER NO. 2292** as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

BIRCH, STEWART, KOLASCH & BIRCH, LLP or CUSTOMER NO. 2292

P.O. Box 747 ? Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 ? Facsimile: (703) 205-8050

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

· ·		WHEN THORIC CICALATI INC		DATE*				
Full Name of First or Sole Inventor: Insert Name of	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	1					
Full Name of First or Sole Inventor: Insert Name of Inventor Insert Date This Document is Signed	HANKS CHEN (FAMILY NAME: CHEN)	Hole N.	CITIZENSHII	OCTOBER 2, 2003				
Insert Residence Insert Citizenship →	Residence (City, State & Country)		CHIZENSON	•				
	SAME AS MAILING ADDRESS	TAIWAN, R.O.C.						
Insert Mailing Address →	MAILING ADDRESS (Complete Street Address including City, State & Country)							
	11F-3, NO. 222, CHUNG CHENG RD., YUNCHO CITY, TAIPEI HSIEN, TAIWAN, R.O.C.							
Full Name of Second	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	-	DATE*				
Inventor, if any: see above	CHI NAN WANG (FAMILY NAME: WANG)	Chi Nan Wang		OCTOBER 2, 2003				
	Residence (City, State & Country)	CITIZENSHIP						
	SAME AS MAILING ADDRESS	TAIWAN, R.O.C.						
	MAILING ADDRESS (Complete Street Address including City, State & Country)							
	3F, NO. 5, ALLEY 3, LANE 1, SEC. 1, NEI HU RD., NEI HU DIST., TAIPEI CITY, TAIWAN, R.O							
Full Name of Third	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*				
Inventor, if any: see above								
	Residence (City, State & Country)		CITIZENSHIP					
	1							
	MAILING ADDRESS (Complete Street Address including City, State & Country)							
Full Name of Fourth	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*				
Inventor, if any: see above	OLY ENVIRONMENT AND							
	Residence (City, State & Country)	CITIZENSHIP						
	MAILING ADDRESS (Complete Street Address including City, State & Country)							
	MINDING AND							
	CHIENANG (FANGLY NAME	INVENTOR'S SIGNATURE		DATE*				
Full Name of Fifth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	1,,11,0,10						
Sec arrow:	Residence (City, State & Country)		CITIZENSI	HIP				
	Residence (City, State & Courty)							
	MAILING ADDRESS (Complete Street Address including City, State & Country)							
	MAILING ADDRESS (Complete Street Address Metalang 2-17)							
		INVENTOR'S SIGNATURE		DATE*				
Full Name of Sixth Inventor, it any:	GIVEN NAME/FAMILY NAME	INVENTORS SIGNATORE						
see above			CITIZENSI	HIP				
	Residence (City, State & Country)							
	The state of the s	oss including City State & Country)						
	MAILING ADDRESS (Complete Street Address including City, State & Country)							
	j –	_						

Page 2 of _2 (Rev. 12/19/01)

^{*}DATE OF SIGNATURE